

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Super 8

Chandrakant Patel
 305 Cameron Landing Drive
 Stockbridge, Georgia 30281

alias sum i am (20)

2. 1 7003 0500 0000 1375 2157

A. Received by (Please Print Clearly)

B. Date of Delivery

4/5-20

C. Signature

X *H. C. Patel*
 Agent
 Addressee
 D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No*WACSA*

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

06-206

102595-00-M-0952

GENDER: COMPLETE THIS SECTION

Case 3:06-cv-00206-MHT-TFM Document 10 Filed 07/06/06 Page 2 of 2

- Complete items 1 through 4. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Singer 8

Dhirajlal Patel
 305 Cameron Landing Drive
 Stockbridge, Georgia 30281

alias my city (20)

7003 0500 0000 1375 2126

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery 4.5.2001C. Signature H. Patel Agent Addressee Yes NoD. Is delivery address different from item 1?
If YES, enter delivery address below:

HARSA

3. Service Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input checked="" type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

 Yes

Domestic Return Receipt

06-206

102595-00-M-0952